



# VIP PASSPORT SERVICES, INC.

2012 Louisiana Street  
Houston, Texas 77002  
713-659-8472

Website: [www.vippassports.com](http://www.vippassports.com)

Email: [info@vippassports.com](mailto:info@vippassports.com)



## WORK ORDER REQUEST FORM

### TRAVELER INFO:

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

### DON'T FORGET

TO EMAIL YOUR  
DOCUMENTS TO OUR  
OFFICE FOR OUR  
COMPLIMENTARY  
PASSPORT/VISA  
PRE-CHECK!

### BILLING INFORMATION ☐ (CHECK BOX IF SAME AS SHIPPING)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

EMAIL

P.O. OR BILLING REF#:

### RETURN SHIPPING INFORMATION ☐ (CHECK BOX TO WAIVE SIGNATURE)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

EMAIL

### METHOD OF PAYMENT

☐ CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$\_\_\_\_\_

☐ MONEY ORDER

☐ CASHIER'S CHECK

☐ COMPANY CHECK

SPECIAL INSTRUCTIONS: \_\_\_\_\_



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## GHANA BUSINESS VISA U.S. PASSPORT HOLDER

PLEASE FORWARD THIS SHEET AND ALL THE REQUIREMENTS TO THE ADDRESS LISTED  
ABOVE

### PROCESSING FEES (PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	\$395.00
CONSULATE FEE: (SEE NEXT PAGE)	
MONEY ORDER:	\$6.00
OTHER FEES:	
ADD RETURN SHIPPING FEE: (SEE * BELOW)	
TOTAL: (NO PERSONAL CHECKS PLEASE)	

FEDEX LETTER RETURN SHIPPING FEES (SELECT ONE)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$65.00
<input type="checkbox"/> 2-DAY	\$57.50
<input type="checkbox"/> 3-DAY	\$47.50
<input type="checkbox"/> SATURDAY	\$95.00
<input type="checkbox"/> 1 <sup>ST</sup> OVERNIGHT - CALL	
<input type="checkbox"/> LOCAL DELIVERY- CALL	

REGULAR PROCESS TIME:	10-15 DAYS
THE EMBASSY/CONSULATE IS CLOSED EVERY FRIDAY.	

\*FEDEX WILL CHARGE ADDITIONAL FEES FOR ALL RESIDENTIAL DELIVERIES. ALL SHIPPING FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

COMMENTS: THERE WILL BE AN ADDITIONAL \$125.00 FEDEX (TO/FROM) FEE IF  
THE CONSULATE IS NOT LOCATED IN HOUSTON, TEXAS.

REVISED: 1-21-2026 (EL)



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## **GHANA BUSINESS VISA**

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) **SIGNED U.S. PASSPORT WITH:**
  - MINIMUM OF 6 MONTHS REMAINING VALIDITY
  - ONE BLANK VISA PAGE
- 2.) **ONE (1) PASSPORT-TYPE PHOTOGRAPH** (2x2", PLAIN WHITE BACKGROUND)
  - MUST BE TAKEN WITHIN THREE (3) MONTHS FROM THE DATE OF SUBMITTING VISA APPLICATION
- 3.) **ONE (1) COMPLETED AND SIGNED VISA FORM/APPLICATION**
- 4.) **COPY OF ROUND TRIP FLIGHT ITINERARY**
- 5.) **CLEAR COPY (FRONT & BACK) OF THE YELLOW FEVER AND/OR COVID 19 VACCINATION CARD SHOWING THAT YOU HAVE HAD THE VACCINES**
- 6.) **COPY OF INVITATION** FROM GHANA COMPANY ALONG WITH A COPY OF THE PERSONS ID WHO SIGNED THE INVITATION
- 7.) **COMPANY LETTER OF GUARANTEE** (BE SURE TO REQUEST IN THE COMPANY LETTER IF YOU ARE ASKING FOR A 1 YEAR TO A 3 YEAR MULTIPLE ENTRY VISA TO BE ISSUED)

VALIDITY	CONSULATE FEE
SINGLE ENTRY -	\$155.00
MULTIPLE ENTRY -	\$255.00

**VALIDITY:** THE VISA VALIDITY WILL RANGE FROM A (90) NINETY-DAY SINGLE ENTRY TO A (3) YEAR MULTIPLE ENTRY. THE LENGTH OF VALIDITY IS DETERMINED BY THE VISA OFFICER ON AN INDIVIDUAL BASIS.

**IMPORTANT:** IN ACCORDANCE WITH INTERNATIONAL SANITARY REGULATIONS, ALL PERSONS ENTERING GHANA ARE REQUESTED TO HAVE A VALID CERTIFICATE OF IMMUNIZATION AGAINST YELLOW FEVER UPON ARRIVAL.

**REVISED:** 1-21-2026 (EL)

# **GHANA VISA FORM/APPLICATION**

**Business Visa**

**Tourist Visa**

**Single Entry**

**Multiple Entry**

**LAST NAME:**

**FIRST NAME:**

**MIDDLE NAME:**

**MAIDEN NAME (IF APPLICABLE):**

**PREVIOUS NAME (IF APPLICABLE):**

**PASSPORT NUMBER:**

**PASSPORT PLACE OF ISSUE:**

**PASSPORT ISSUE DATE:**

**PASSPORT EXPIRATION DATE:**

**CURERENT NATIONALITY:**

**FORMER NATIONALITY (IF ANY):**

**OCCUPATION:**

**MARITAL STATUS:**

**GENDER/SEX:**

**PLACE OF BIRTH:**

**DATE OF BIRTH:**

**RESIDENTIAL ADDRESS:**

**HOME PHONE NUMBER:**

**CELL PHONE NUMBER:**

**EMAIL ADDRESS:**

**CONTINUED...**

**DURATION OF STAY:**

**DATE OF DEPARTURE:**

**MODE OF JOURNEY:    BY AIR,    BY LAND, OR    BY SEA**

**DO YOU HAVE A RETURN TICKET:    YES    NO**

**IF YES, WHAT IS THE TICKET NUMBER:**

**DATE OF LAST VISIT TO GHANA (IF APPLICABLE):**

**ENTER A VALID FINANCIAL MEANS AT APPLICANT'S DISPOSAL IN U.S. DOLLARS (CASH, CARD, AND BOTH):**

**HAVE YOU EVER BEEN REFUSED A VISA TO GHANA:**

**HAVE YOU EVER BEEN REFUSED ENTRY INTO GHANA:**

**DO YOU HAVE A CRIMINAL RECORD IN GHANA OR ANY OTHER COUNTRY:**

**DO YOU SUFFER FROM MENTAL DISORDER:**

**DO YOU SUFFER FROM ANY COMMUNICABLE DISEASE:**

**HAVE YOU EVER VISITED GHANA BEFORE:**

**HAVE YOU EVER BEEN DEPORTED TO/FROM GHANA:**

**NAME OF BUSINESS/WORK/SCHOOL:**

**BUSINESS/WORK/SCHOOL ADDRESS AND PHONE NUMBER:**

**BUSINESS/WORK/SCHOOL EMAIL ADDRESS:**

**CONTINUED...**

**NAME, TELEPHONE, EMAIL, AND PHYSICAL ADDRESS OF REFERENCE 1 / HOTEL IN GHANA  
(WILL NEED THE GPS/DIGITAL ADDRESS, ex. GA-543-025):**

**NAME, TELEPHONE, EMAIL, AND PHYSICAL ADDRESS OF REFERENCE 2 / HOTEL IN GHANA  
(WILL NEED THE GPS/DIGITAL ADDRESS, ex. GA-543-025):**

**HOST IN GHANA (FIRST AND LAST NAME, ADDRESS, CELL NUMBER, AND EMAIL ADDRESS)  
(WILL NEED THE GPS/DIGITAL ADDRESS, ex. GA-543-025):**

**SPONSOR OF TRIP (FIRST AND LAST NAME, ADDRESS, CELL NUMBER, AND EMAIL ADDRESS):**

**TODAYS DATE:**

**APPLICANTS SIGNATURE: \_\_\_\_\_**

**REVISED: 8-20-2025**



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## **EXAMPLE OF A COMPANY LETTER OF GUARANTEE**

**DO NOT ATTENTION THIS LETTER TO VIP PASSPORT SERVICES, INC!**

DATE: \_\_\_\_\_

EMBASSY/CONSULATE OF: \_\_\_\_\_

GENTLEMEN:

MR. / MRS. **(TRAVELER)** IS ONE OF OUR EMPLOYEES WHO IS  
ENGAGED AS **(POSITION)** FOR **(COMPANY NAME)**. MR. / MRS.  
**(TRAVELER)** PLANS TO VISIT **(CITY)** FOR THE PURPOSE OF **(DETAILED  
EXPLANATION OF TRIP)** WITH **(COMPANY TO BE VISITED)**.

MR. / MRS. **(TRAVELER)** WILL BE DEPARTING THE UNITED STATES ON  
**(DATE)** AND WILL BE STAYING FOR **(LENGTH OF TRIP)**. OUR COMPANY,  
**(EMPLOYER)**, WILL GUARANTEE MR. / MRS. **(TRAVELER)** MAINTENANCE  
AND WILL BE RESPONSIBLE FOR HIS / HER WELFARE WHILE IN YOUR  
COUNTRY. HE / SHE IS IN POSSESSION OF SUFFICIENT FUNDS FOR HIS / HER  
STAY AND HAS PREPAID TRANSPORTATION TO RETURN TO THE UNITED STATES.

WE WOULD BE VERY APPRECIATIVE IF YOU WOULD ISSUE MR. / MRS. **(TRAVELER)**  
THE APPROPRIATE **(SINGLE OR MULTIPLE)** ENTRY BUSINESS VISA AT YOUR EARLIEST  
CONVENIENCE.

THANK YOU,

**(SUPERVISORS SIGNATURE)**

*PLEASE BE SURE THAT THE PERSON WHO AUTHORIZED YOUR TRIP SIGNS THIS LETTER. THE TRAVELER  
SHOULD NOT SIGN THIS LETTER.*